

EDC! Taskforce

MAYOR BOWSER PRESENTS



August 23, 2022



Agenda



- Year in Review-Updates
- Attendance Data Analysis Update
- No Shots No School-OSSE Presentation
- Next Steps & Closing

Policy Committee Update

- The approval of changes to attendance regulations (OSSE & SBOE)
 - Definition of present changed to "school day when the student is either full or partially present. Partially present is defined as a student being present for at least 60% of the instructional day."
 - Clarifies the language for SST referrals from 5 unexcused absences to 5 <u>full day</u> unexcused absences.
 - Adds language to clarify that SST teams must notify administrators when a student accumulates 10 <u>full day</u> unexcused absences during a school year



Program Committee Update

- New Chair- Ciatta Ramble-Savoy, OVSJG, SUSO Coordinator
- Continues to focus on the efficacy of SSTs with support from DME
- Review of data and planned focus groups



DME Data Analysis Update

Carlo Castillo- DME Attendance Analyst



Proposed EDC! Analytical Plan

Population Segment Analysis

Who are the student populations and **WHAT** explains the attendance patters?

Evaluate Success

Review Strategic Plans and Interventions:
Identify successful interventions with consideration of pandemic implications

New Strategic Plan, FY24 Funding

Based on the analysis-How do we improve upon current programming and identify new initiatives targeted to specified populations



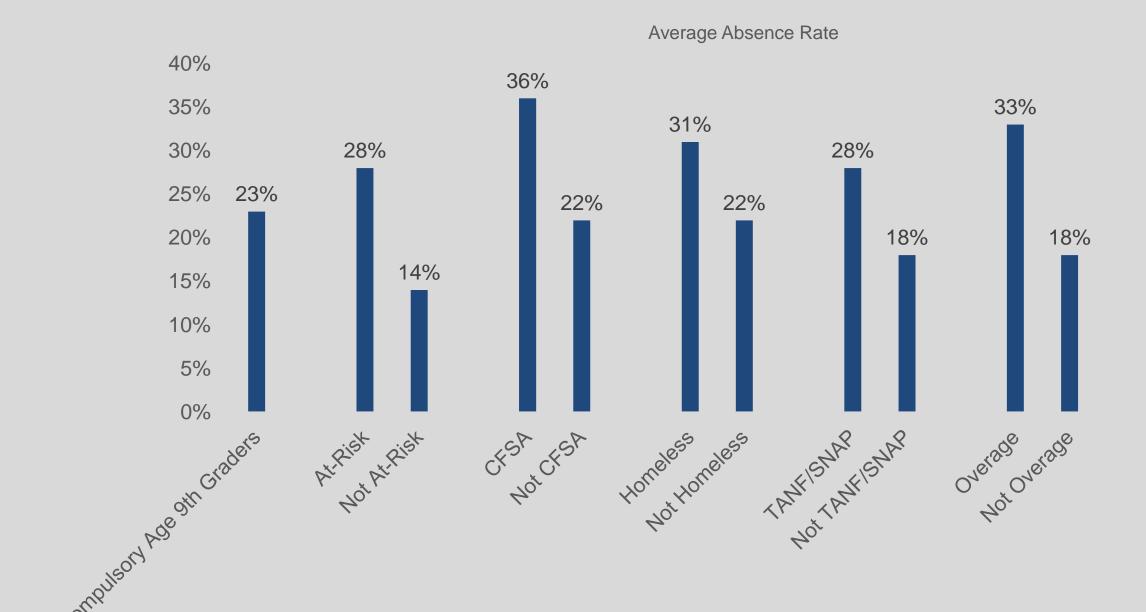
Completed Analytic Work

Completed Population Segment Analyses:

- 9th grade subgroup attendance patterns
- SY2017-18 PARCC score compared to SY2018-19 chronic absenteeism
- Middle school attendance patterns compared to 9th grade attendance (OSSE SY2018-19 Attendance Report)



9th Grade Subgroup Attendance Patterns

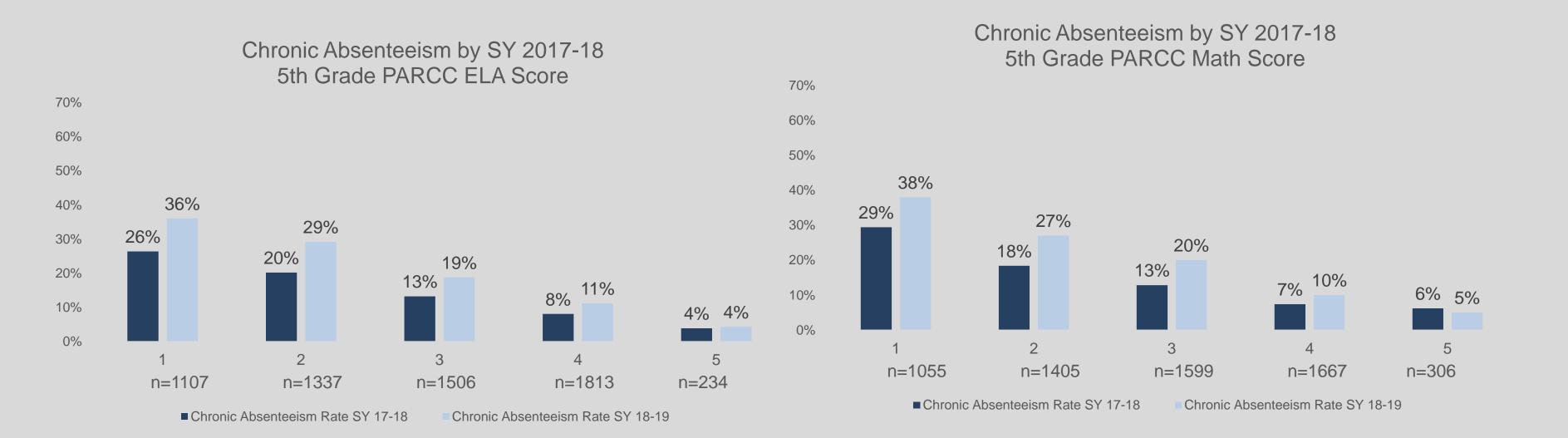


Subgroup	Number of Students	Average Days Enrolled			
Compulsory Age 9th Graders	3627	172.8			
At-Risk	2296	171.1			
Not At-Risk	1331	175.7			
CFSA	39	158.3			
Not CFSA	3588	173			
Homeless	176	169.7			
Not Homeless	3451	173			
TANF/SNAP	1700	172.5			
Not TANF/SNAP	1927	173			
Overage	1214	167.5			
Not Overage	2413	175.5			

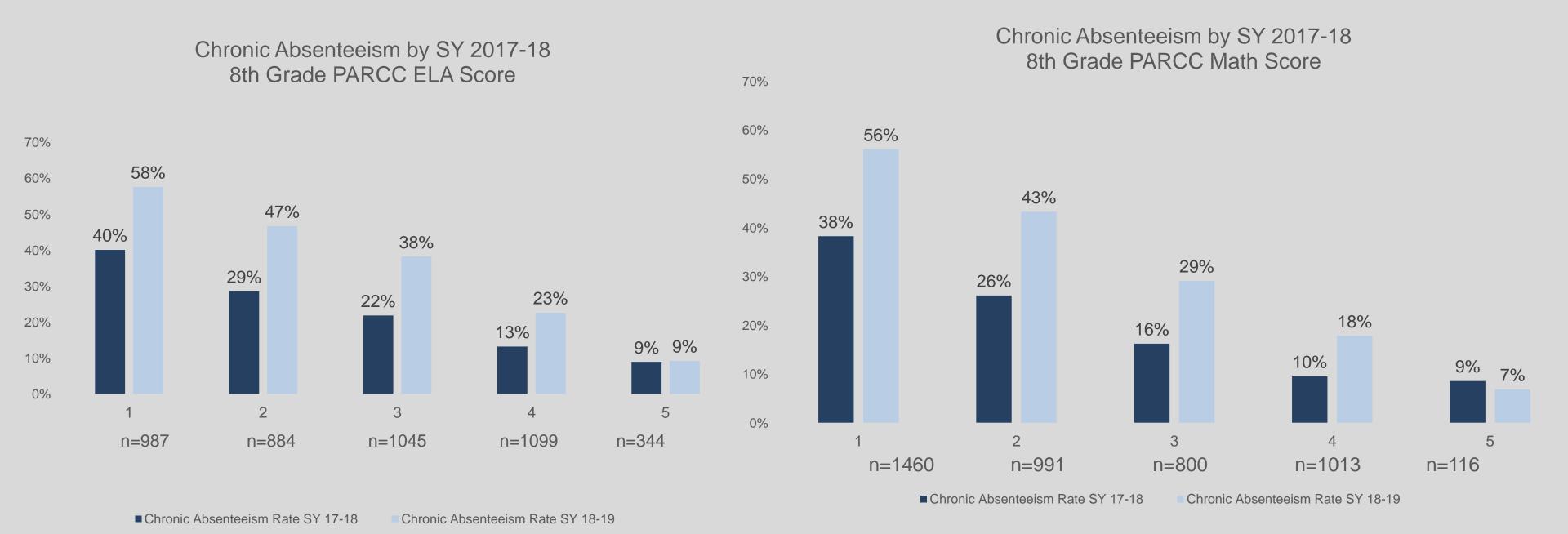
School Year 2018- 2019 Universe: Compulsory Age 9th Graders who missed between 5% and 95% of School Days



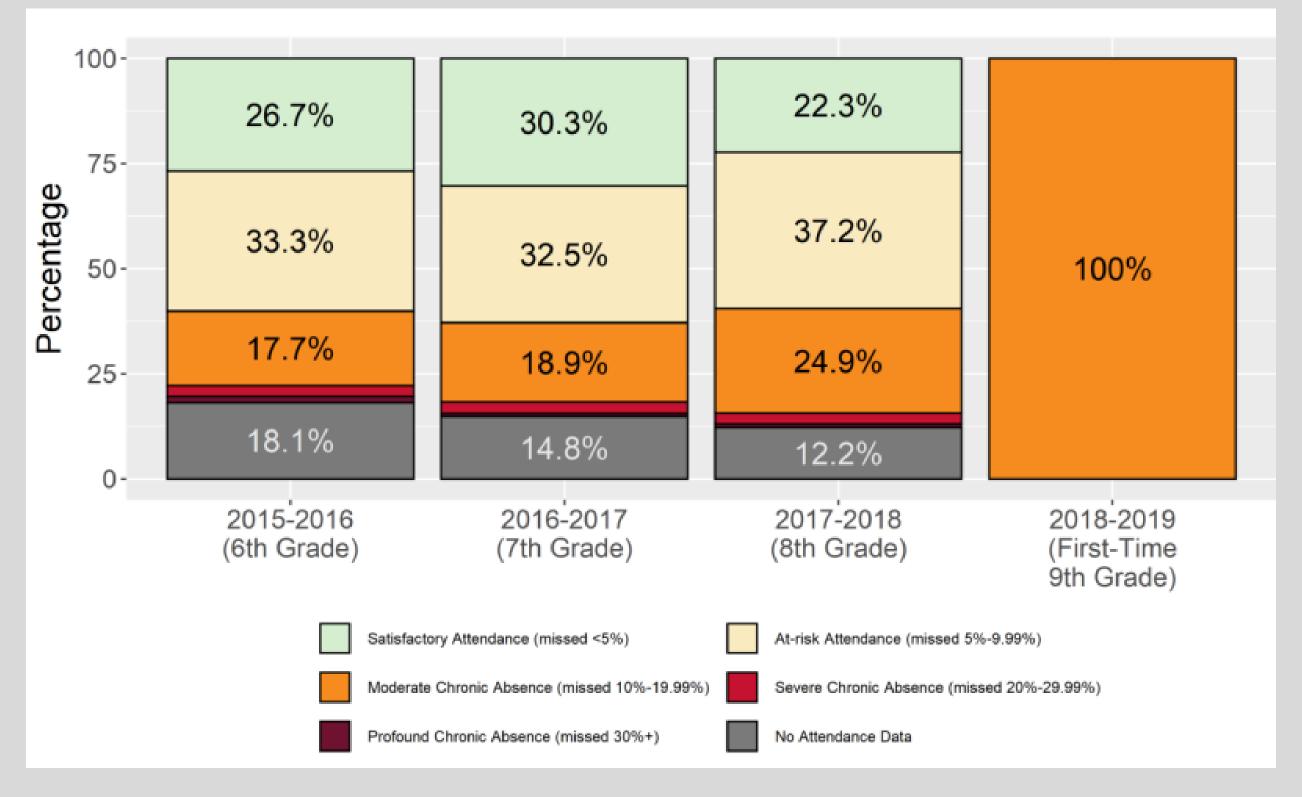
Chronic Absenteeism & 5th Grade PARCC Performance (SY 2017-18)



Chronic Absenteeism & 8th Grade PARCC Performance (SY 2017-18)

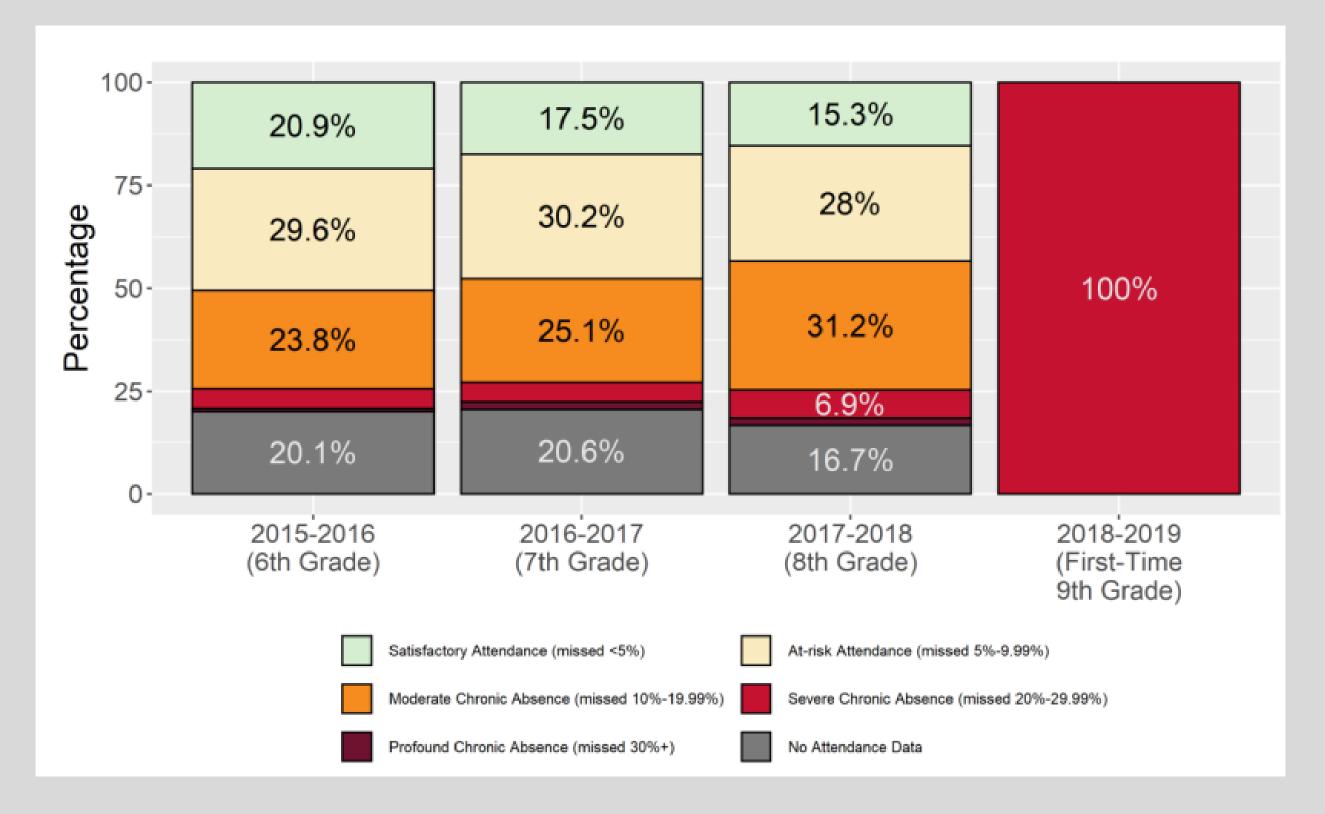


Absenteeism Risk Tiers: First Time Ninth Graders Moderate Chronic Absenteeism (SY 2018- 19)



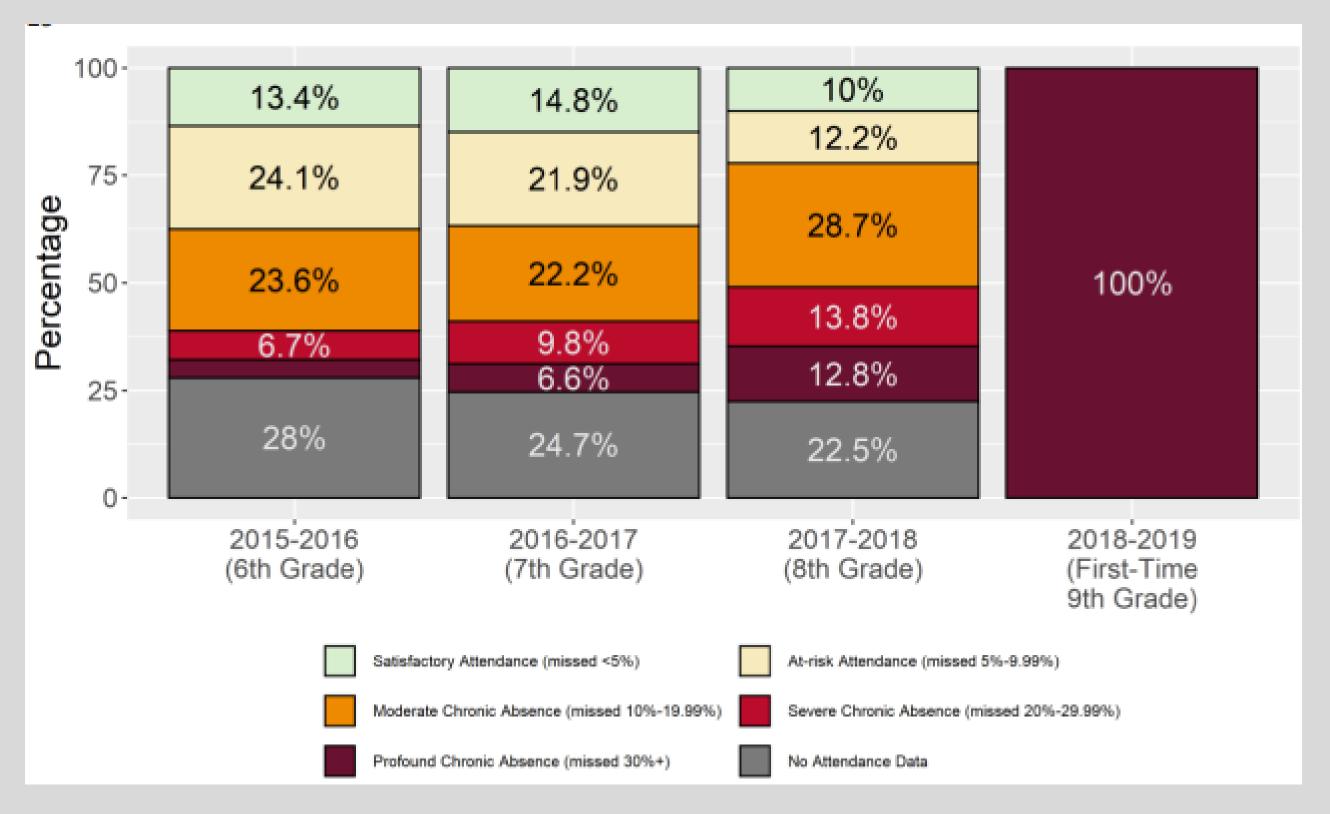


Absenteeism Risk Tiers: First-Time Ninth Graders Severe Chronic Absenteeism (SY2018- 19)





Absenteeism Risk Tiers: First-Time Ninth Graders Profound Chronic Absenteeism (SY2018- 19)





Future Analytic Work

Forthcoming Work:

- Analysis of students designated as at-risk
- Analysis of schools with high chronic absenteeism rates
- Analysis of the school calendar year
- Focus groups with high school students
- Focus groups with parents
- Focus groups with attendance counselors/other school-based staff



Impact on EDC!, Strategic Plan and Initiatives

This Analytic plan will:

- Ensure more targeted interventions to identified students/populations
- Inform proposed initiatives for FY24
- Guide the development of the Attendance Framework and a citywide Strategic Plan





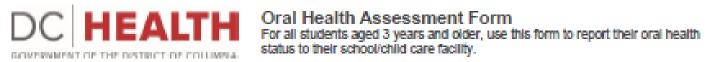
No Shots, No School: Immunization Attendance Policy

Background on Health Forms and Immunizations

- Many students are behind on their routine pediatric immunizations and well-child visits
- We need to encourage families to schedule their well-child visits now to catch up on immunizations and complete health forms before the back-to-school rush
- We need to continue to promote the COVID-19 vaccine for all eligible populations
- Our goal is for all students to be up to date on their immunizations before the first day of school so that no student misses a single day of school due to missing immunizations.

Health Forms: Why are They Important?

- Each student attending pre-K through grade 12 in a public, public charter, private, or independent school shall annually furnish a completed Universal Health Certificate and Oral Health Assessment.
- The Universal Health Certificate and Oral Health Assessment demonstrate that students are regularly receiving the health services they need to stay healthy and in school.
- The Universal Health Certificate and Oral Health Assessment may be used by the school to identify health conditions and remove barriers to health and education.
- School nurses and health technicians use this information to adequately support students while in school and coordinate further care.
- Other health forms for specific health conditions: Asthma Action Plan, Anaphylaxis Action Plan, Medication and Treatment Authorization Form
- DC Health, OSSE and DHCF use aggregate health form data to identify gaps in health services and connect students to care.



Instructions

Complete Part 1 below. Take this form to the student's dental provider. The dental provider should complete Part 2. Return fully completed and signed form to the student's school/child care facility.
Part 1: Student Information (To be completed by parent/guardian)
First Name Last Name Middle Initial
School or Child Care Facility Name
Date of Birth (MMDDYYY) Home Zip Code
School Day- Grade care PreK3 PreK4 K 1 2 3 4 5 6 7 8 9 10 11 12 Ed.
Part 2: Student's Oral Health Status (To be completed by the dental provider)
Yes No Q1. Does the patient have at least one tooth with apparent cavitation (untreated caries)? This does NOT include stained pit or fissure that has no apparent breakdown of enamel structure or non-cavitated demineralized lesions (i.e. white spots).
Q2. Does the patient have at least one treated carious tooth? This includes any tooth with amalgam, composite, temporary restorations, or crowns as a result of dental caries treatment.
Q3 Does the patient have at least one permanent molar tooth with a partially or fully retained sealant?
Q4 Does the patient have untreated caries or other oral health problems requiring care before his/her routine check-up? (Early care need)
Q5 Does the patient have pain, abscess, or swelling? (Urgent care need)
O6 How many primary teeth in the patient's mouth are affected by caries that are either untreated or treated with fillings/crowns? Total Number
Q7 How many permanent teeth in the patient's mouth are affected by caries that are either
untreated, treated with fillings/crowns, or extracted due to caries? Total Number
Q8 What type of dental insurance does the patient have? Medicaid Private Insurance Other None
Dental Provider Name Dental Office Stamp
Dental Provider Signature
Dental Examination Date
This form replaces the previous version of the DC Oral Health Assessment Form used for entry into DC Schools, all Head Start programs, and child care centers. This form is approved by the DC Health and is a confidential document. Confidentiality is adherent to the Health Insurance Portability and Accountability Act of 1996 (HIPPA) for the health providers and the Family Education Right and Privacy Act (FERPA) for the DC Schools and other providers.

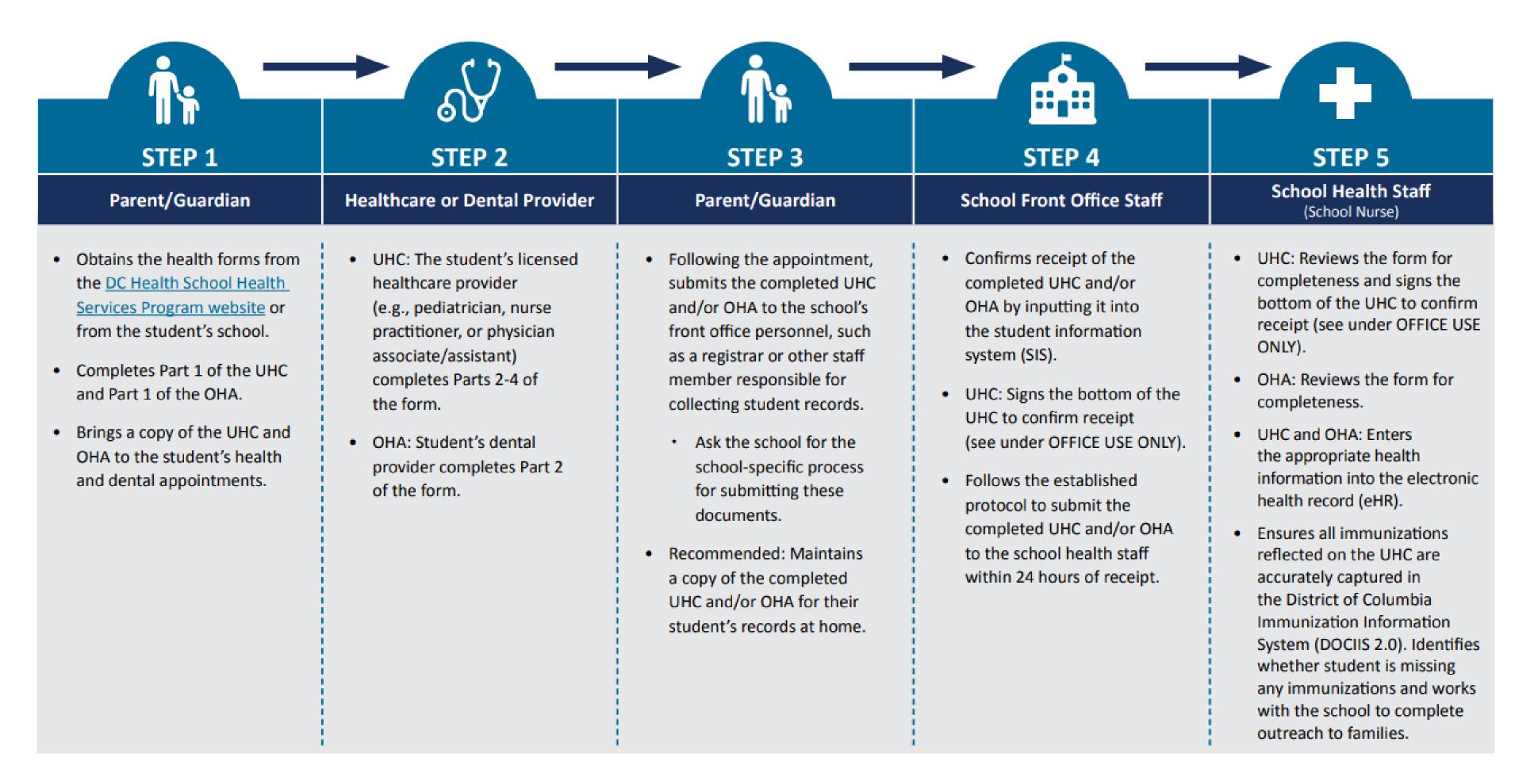
DC HEALTH Universal Health Certificate

Use this form to report your child's physical health to their school/child care facility. This is required by DC Official Code §38-602. Have a licensed medical professional complete part 2 - 4. Access health insurance programs at https://dchealthlink.com. You may contact the Health Suite Personnel through the main office at your child's school

complete part 2 - 4. Access he							lealth Suit	e Personne	el throug	the main of	fice at you	ur child's school.
Part 1: Child Person	al Inform	ation To	be comp	leted by	parent/guard	lian.						
Child Last Name:				Child Firs	st Name:				0	ate of Birth	:	
School or Child Care Facilit	ty Name:					G	ender:	Пм	lale [Female	☐ N	lon-Binary
Home Address:				Apt:	City:				State	:	ZIP:	
Ethnicity: (check all that apply)	Hisp	anic/Latino	□ No	n-Hispani	c/Non-Latino			Other		Prefer	not to a	nswer
Race: (check all that apply)		erican Indian/ ka Native	☐ Asi	ian	Native Ha			Black/Afr Americar		White		Prefer not to answer
Parent/Guardian Name:						Parent	/Guardia	n Phone:				
Emergency Contact Name:	:					Emerge	ency Con	itact Phor	ne:			
Insurance Type: 🔲 Me	edicaid 🗆	Private	☐ No	ne Insur	rance Name/ID	#:						
Has the child seen a dentis	st/dental pro	vider within	the last ye	ear?	Yes		No					
I give permission to the sign appropriate DC Governmen from civil liability for acts of understand that this form s Parent/Guardian Signature	nt agency. In r omissions u should be cor	addition, I he ınder DC Law	reby ackn 17-107, e	owledge a	and agree that criminal acts, i	the Disti ntention	rict, the s al wrong	school, its	emplo	yees and age	ents shal	l be immune
Part 2: Child's Healtl	h History,	, Exam, an	d Reco	mmend	lations To	be con	npleted	by licens	sed hea	alth care pr	ovider.	
Date of Health Exam:	BP:	,	NML ABNL	Weight:	□ u		Height:		□ _{IN}	BMI:	BN Pe	/II rcentile:
Vision Screening: Left eye: 20/	Right	t eye: 20/			orrected incorrected			Wears gla	sses	Referred		Not tested
Hearing Screening: (check all	that apply)			Pass	☐ Fail			Not tested	d [Uses Dev	rice 🔲	Referred
Autism Behavioral Cancer Cerebral palsy Developmental	Failure to thr Heart failure Kidney failur Language/Sp Obesity Scoliosis Seizures	e eech	Sickl Long Signi Deta Long Deta Signi Deta Othe	e cell g term CO\ ificant foo ils provided g-term me ils provided ificant hea ils provided er:	VID-19 sympto od/medication/ d below. dications, over d below. alth history, con d below.	ms /environ r-the-cou ndition,	mental a unter-dru commun	illergies th ugs (OTC) nicable illr	or spec	ial care requ	irement	s.
TB Assessment Positive	e TST should b			are Physicia	an for evaluatio	n. For qu	_				Ю.	
What is the child's risk lev		Skin Test Da					Quant	tiferon Te	est Date	:		
High → complete ski and/or Quantiferon to		Skin Test Re		■ Negat	tive 🔲 Pos	itive, CXF	R Negative	<u> </u>	Positive,	CXR Positive	Ц р	ositive, Treated
Low	Quantiferor Results:	On Negative Positive Positive, Tre					Treated					
Additional notes on TB te	st:											
Lead Exposure Risk Scre	eening All	lead levels mu	st be repo	rted to DC	Childhood Lea	d Poisoni	ing Preve	ntion. Call	202-65	4-6002 or fax	202-535	-2607.
ONLY FOR CHILDREN UNDER AGE 6 YEARS			1st Normal Abnorma				al, al Screening Date:				1st Serum/Finger Stick Lead Level:	
Every child must have 2 lead tests by age 2	2 nd Test Date		2 nd Result:	Norm		ormal,					erum/Fir Lead Lev	
HGB/HCT Test Date:					HGB/HCT Res							
DC Health 899 North Cap	pitol Street, N.	E., Washington	, DC 20002	202.442.	.5925 dchealth.	.dc.gov				version 07	7.07.21 pg	31

Immunization Information on Page 2

Part 3: Immunization Information To be con Child Last Name:						ite of Birth:		
Immunizations	es below, prov	vide the dates						
Diphtheria, Tetanus, Pertussis (DTP, DTaP)	1	2	3	4	5			
DT (<7 yrs.)/ Td (>7 yrs.)	1	2	3	4	5			
Tdap Booster	ı							
Haemophilus influenza Type b (Hib)	ı	2	3	4				
Hepatitis B (HepB)	ı	2	3	4				
Polio (IPV, OPV)	ı	2	3	4				
Measles, Mumps, Rubella (MMR)	L	2						
Measles	1	2						
Mumps	1	2						
Rubella	1	2						
Varicella	ı	2	month & year):	: (name & title)				
Pneumococcal Conjugate	1	2	3	4				
Hepatitis A (HepA) (Born on or after 01/01/2005)	1	2						
Meningococcal Vaccine	1	2						
Human Papillomavirus (HPV)	1	2	3					
Influenza (Recommended)	1	2	3	4	5	6	7	
Rotavirus (Recommended)	1	2	3					
Coronavirus (COVID) (Recommended)	•	_						
Other	1	2	3	4	5	6	7	
Medical Exemption (if applicable) certify that the above child has a valid medi Diphtheria Rubella Is this medical contraindication p	cussis (Hib Pneumoco	occal (□ НерВ □ НерА	Polio Meningococca			
lternative Proof of Immunity (if applicable)				Temporary until:		(date)	
certify that the above child has laboratory e	vidence of im	munity to the	following and	I've attached a	copy of the titer resu	lts.		
🔲 Diphtheria 🔲 Tetanus 🔲 Pert	ussis	Hib	Į.	■ HepB	Polio	Measles		
🖵 Mumps 🔲 Rubella 🖳 Vari		Pneumoco		■ HepA	■ Meningococci			
art 4: Licensed Health Practition his child has been appropriately examined a his form. At the time of the exam, this child xcept as noted on page one.	nd health hist is in satisfacto	tory reviewed a ory health to p	and recorded in articipate in al	n accordance v I school, camp,	with the items specified , or child care activities	don No	☐ Yes	
	□ N/A	⊔ No □	Yes	s, pending add	ditional clearance from	:		
his child is cleared for competitive sports.		ion recorded b	nere was deter	mined as a res	ult of the examination			
	tamp Pr	ovider Name:						
hereby certify that I examined this child and	tamp Pr	ovider Name: ovider Phone:	1					
hereby certify that I examined this child and	tamp Pr	ovider Name:	1			Date:		
his child is cleared for competitive sports. hereby certify that I examined this child and Licensed Health Care Provider Office S DFFICE USE ONLY Universal Health	tamp Pr Pr	ovider Name: ovider Phone: ovider Signati	ıre:	and Health S	ŝuite Personnel.	Date:		



Based on the student's specific health needs, they may require an <u>Asthma Action Plan</u>, <u>Anaphylaxis Action Plan</u> or a <u>Medication and Medical Procedure Treatment Plan</u>. See <u>DC Health School Heath Services Program</u> for more information. Parents/guardians should speak with the student's healthcare provider or the school's health staff if they have questions.

Immunizations: Legal Background

- Immunization of School Students Act of 1979
 - Established standards for immunizing District students against preventable childhood diseases.
 - Schools are not permitted to allow a student to attend more than 20 school days while the school does not have certification of immunization or a medical or religious exemption.
- DC Municipal Regulations
 - Mandate that OSSE, in coordination with DCPS, District of Columbia public charter schools and the Department of Health (DC Health), enforce immunization responsibilities for public school admission.

Immunizations: Legal Background Continued

- NEW: Coronavirus Immunization of School Students and Early Childhood Workers
 Amendment Act of 2021
 - Mandate that students who are of an age for which the COVID-19 vaccination is fully FDA approved to receive the COVID-19 vaccination (currently ages 12 and older) beginning with the 2022-23 school year.
 - When a student becomes eligible either by action of the FDA or the occurrence of the student's birthday, they will have 70 days to come into compliance.
- <u>Previously: Mayor's Order 2021-109 COVID-19 Vaccination Requirement for Adults Regularly in Schools or Child Care Facilities and for Student-Athletes</u>
 - This previously mandated adults regularly in schools or child care facilities and student athletes ages 12 and older to receive a full course of vaccination against COVID-19 during the 2021-22 school year.



School Immunization Requirements Guide effective 03-01-2022

FAMILIES with CHILDREN in Public, Charter, Private, Parochial, Preschool - DC Health recognizes the importance of vaccinations for preventing disease and reducing the dangers that can come with being exposed to certain diseases. This document outlines the vaccines requirements based on age for all students upon enrollment in schools, reflecting recent changes to the CDC Child and Adolescent Immunization Schedule 2022. All students attending school in the District of Columbia must present proof of appropriately spaced immunizations annually, by the first day of school.

- . Please complete and return your student's school health forms including the Universal Health Certificate and Oral Health Assessment Form.
- ALL STUDENTS ARE STRONGLY RECOMMENDED TO RECEIVE AN ANNUAL FLU VACCINE
- ALL STUDENTS ARE STRONGLY RECOMMENDED TO RECEIVE A FULL COURSE OF COVID-19 VACCINE ONCE THEY BECOME ELIGIBLE

My student should receive these vaccine doses upon school enrollment*



Preschool - Head Start

2-3 years old

The following vaccines are typically received before the age of 2:

- 4 doses of Diphtheria/Tetanus/Pertussis
- 3 doses of Polio
- . 1 dose Varicella if no history of chickenpox
- 1 dose of Measles/Mumps/Rubella (MMR)
- 3 doses of Hepatitis B
- 2 doses of Hepatitis A
- 3 or 4 doses* of Hib (Haemophilus Influenza Type B)
- · 4 doses of PCV (Pneumococcal)

*See PROVIDER for recommended doses. All Students ARE STRONGLY RECOMMENDED to receive an ANNUAL FLU VACCINE

Kindergarten to 1st Grade

4-6 years old

Additional doses needed AFTER receiving the vaccines listed under 2-3 years of age:

- 1 dose of Diphtheria/Tetanus/ Pertussis (DTaP)
- 1 dose of Polio
- . 1 dose of Varicella if no history of chickenpox
- 1 dose of Measles/Mumps/ Rubella (MMR)

2nd Grade - 5th Grade

7-10 years old

Consult your PROVIDER to be certain your student has received all vaccinations listed under 2-3 and 4-6 years of age.

All Students ARE STRONGLY RECOMMENDED to receive an ANNUAL FLU VACCINE



6th Grade - 9th Grade

11-16 years old

Additional Required Vaccines AFTER ALL vaccines are received.

- 1 dose of Tdap
- 2 doses of Meningococcal (Men ACWY)
- 2 or 3 doses of Human Papillomavirus Vaccine (HPV)



10th Grade - 12th Grade

Required vaccinations for ALL Students 16 years of age

Full Course of a COVID-19 mRNA vaccine series. See PROVIDER for dosage and intervals.

All Students should receive an ANNUAL FLU VACCINE

The spacing and number of doses required may vary. Please contact your child's health care provider. For additional inf

DC Health | 899 North Capitol Street, NE, Washington, DC 20002 | 202.442.5955 | dchealth.dc.gov

Immunizations Required for Students

- Families should secure the necessary wellchild visits and vaccines now to avoid the rush at the start-of-school season.
- New: COVID-19 Vaccine
 - Required beginning with school year 2022-23 for those ages fully approved by the FDA (currently ages 12 and older for the primary 2-dose vaccine series)
 - Strongly recommended for all other eligible students (currently ages 6 months and older)
 - Students who are up-to-date with their COVID-19 vaccination are not recommended by CDC to quarantine after close contact with a COVID-19 positive individual unless the student begins to present symptoms of COVID-19.

Approach for Schools

The **Immunization Attendance Policy** outlines six steps for schools to take for enforcement:

Step 1:

Establish School-Level Responsibilities and a School Health Team

- Designate an Immunization Point of Contact
- Assemble a School Health Team

Step 2: Disseminate Immunization Information to Families and Establish Communications Protocols

- Regularly Disseminate
 Information to All Families
- Establish Communication Record-Keeping Protocols

Step 3:

Conduct Frequent Reviews of Schoollevel Immunization Compliance

Step 4:

Actions Taken for Non-Compliant Students Prior to Removal from School

- Double-Check Records to Ensure Certification Does Not Exist
- Send Initial and Subsequent Notifications to the Parent/Guardian or Adult Student
- Connect to Opportunities for Securing the Missing Immunizations
- Send Final Notification to the Parent/Guardian or Adult Student Prior to Day 20

Step 5:

Actions Taken for Non-Compliant Students after the 20-School Day Period Has Passed

- Remove Non-Compliant Student from School and Activities
- Use Appropriate Attendance Codes for the Missed School Days (Unexcused Absence – Immunization)

Step 6: Actions Taken When a Student is Allowed to Return to School after Previously Being Removed from School and Activities

- Confirm Receipt of Immunization Certification
- Reclassify Immunization
 Attendance Code for Previously
 Removed Student (Excused
 Absence Immunization)

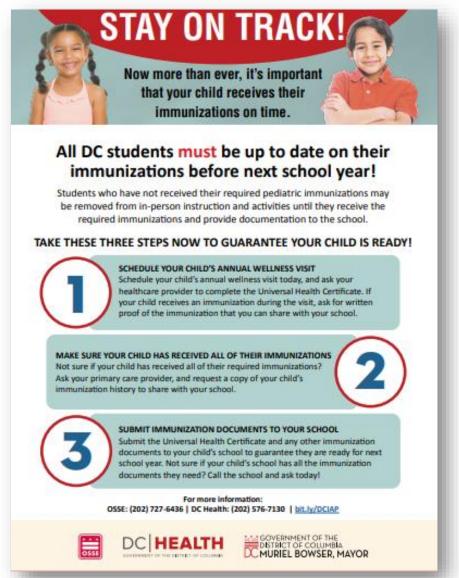
For full details, please refer to the <u>Immunization Attendance Policy</u> and materials available on the <u>OSSE website</u>

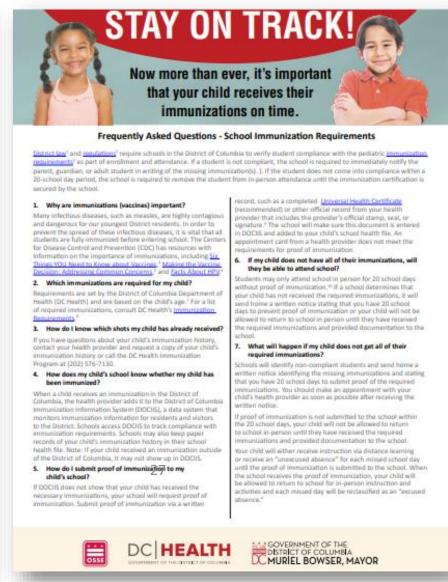
Immunization Attendance Policy and Materials to Support Schools

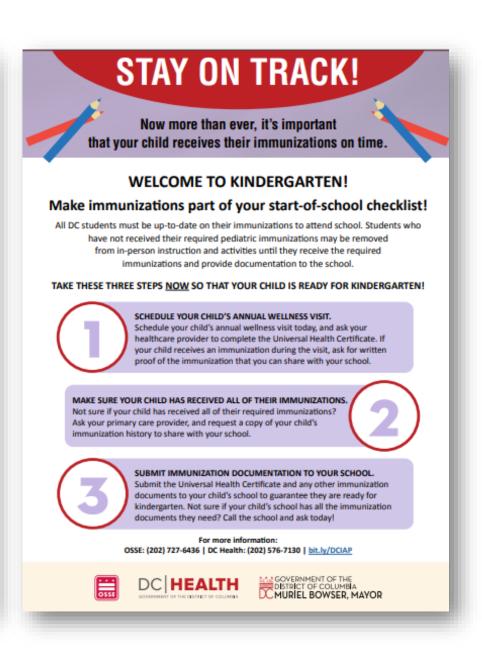


Schools should review the OSSE immunization page and the pre-recorded immunization training

Example OSSE Resources for Schools to Share with Families

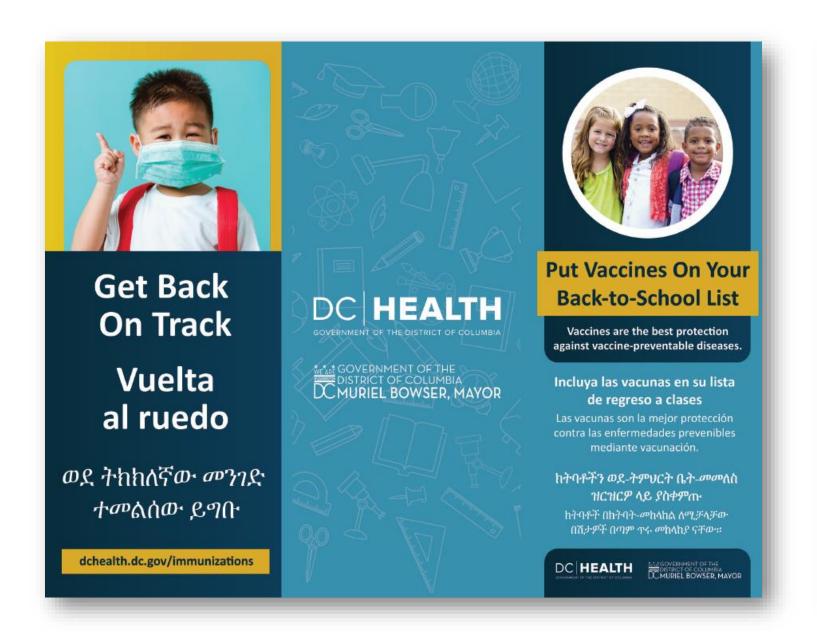


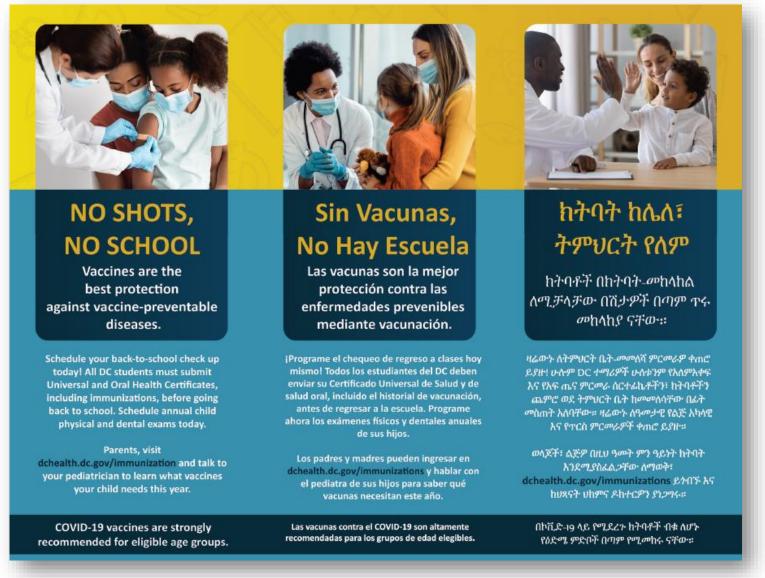




- Fliers to distribute with enrollment activities and at school-based events
- Template notification letters and list of immunization locations to send home to families
- Frequently asked questions
- Centers for Disease Control and Prevention (CDC) immunization education materials

Additional Summer Communications with Families





- City-wide public communications campaign
- Brochures in backpacks
- Personalized calls and robo-calls directly to families
- Letters, postcards, and health forms mailed directly to homes

Expanding Access to Immunizations

- A family's primary care provider is the best place for a student to receive their annual well-child check and immunizations because continuity of care can be established and maintained; however, appointments can fill up quickly and be difficult to schedule around the start of school.
- Expanded access to immunizations over the summer and fall:
 - School-Based Health Centers
 - Open to all students age 3 and older regardless of where a student is enrolled (<u>registration link</u>)
 - School-Based Mobile Health Units
 - Local health providers hosting mobile vans and RVs at schools and community sites (<u>registration link</u>; also available in <u>Spanish Español</u>)
 - Vaccination Block Parties
 - Children's National is hosting school-based clinics every Saturday in August and September (<u>registration link</u>)
 - Vaccine Exchange Program
 - Schools can request to host vaccine clinics (<u>request link</u>)

Expanding Access to Immunizations Continued

- Expanded access to immunizations over the summer and fall:
 - Utilizing Existing Community-Based Resources
 - COVID Centers in all eight wards (<u>link</u>)
 - Partnering with trusted community-based groups to host clinics
 - Working with Area Health Providers
 - Immunization-Only Appointments (<u>list of providers</u>)
 - Health providers reaching out to families behind on immunizations
 - Medicaid Managed Care Organizations (MCOs) reaching families and scheduling clinics
 - Additional Personnel within Schools to Support this Work
 - Patient Care Technicians (PCTs). Registered Nurses (RNs), 40 new health aids,
 - School nurses (Children's School Services or other health personnel hired directly by schools)



We are open to serve you at the following locations.

School Health Center at Anacostia High School

1601 16th Street SE Washington, DC 20020 (202) 724-5529 Operated by MedStar Georgetown University

School Health Center at Ballou High School

3401 4th Street SE Washington, DC 20032 (202) 645-3843 Operated by Children's National Hospital

School Health Center at Cardozo Education Campus

1200 Clifton Street NW Washington, DC 200009 (202) 727-5148 Operated by Unity Health Care Inc.

School Health Center at H.D. Woodson High School

540 55th Street NE, 20019 (202) 724-2287 Operated by Unity Health Care Inc.

School Health Center at Coolidge HS and Ida B. Wells MS

6315 5th Street NW, Washington, DC 20011 405 Sheridan Street, NW Washington, DC, 20011 (202) 847-4077 Operated by Mary's Center

School Health Center at Dunbar High School

101 N Street NW Washington, DC 20002 (202) 724-4086 Operated by Children's National Hospital

School Health Center at Roosevelt High School

4301 13th Street NW Washington, DC 20011 (202) 727-6333 Operated by MedStar Georgetown University

Be sure to make your appointment soon because limited spots are available. Your child will need a second dose of the COVID-19 Vaccine 3 weeks after the first dose.

These programs are funded wholly, or in part, by the Government of the District of Columbia, Department of Health, Community Health Administration.







Immediate Next Steps for the Summer

- Exclusion from school after 20 school days is a last resort
- Remind families that students must be up to date with immunizations before the start of school year 2022-23
 - New: COVID-19 vaccine required for ages 12 and older
- Check immunization compliance among children and adolescents
- Support connecting families to health providers for well-child visits or immunizationonly appointments
- Support connecting families to school-based vaccination opportunities
- Remind families to complete all necessary health forms and to turn them into the school by the first day
 - Universal Health Certificate
 - Oral Health Assessment
 - Other proof of immunization (as needed)
- Sample media package for sharing information on vaccines (<u>link</u>)

More Information

- OSSE: Immunization Attendance Policy and Resources (<u>link</u>)
- OSSE: Health Forms Required for School Attendance (<u>link</u>)
- DC Health: Immunization Program (<u>link</u>)

Questions & Discussion

Next Steps & Closing



- Next meeting will occur on November 22, 2022 (could be cancelled due to Attendance Roundtable)
- Council Hearings:
 - -10/6-No Shots No School
 - -11/30-Attendance Roundtable

